

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/762,217

Filing Date

21 Jan 2004

First Named Inventor

Bru, Franky

Group Art Unit

2625

Examiner Name

Pawandeep Dhingra

Attorney Docket Number

ESKO-037

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	26 March 2009
ADDRESS FOR CORRESPONDENCE	
Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378